

# JUST STOP SMOKING REGISTRATION FORM

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Gender (circle one): MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ Work # \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

***Please answer the questions on this form as they relate to the person being evaluated.***

Although your history and symptoms are very important in our analysis of your condition, it is also important for us that you understand:

- *We do not treat symptoms or diseases.*
- *Allergy is not a disease, rather a condition.*
- *A symptom is an attempt by your body to tell you something.*
- *We will attempt to find the underlying cause.*
- *We do not use drugs in this program.*
- *There is no single "healthy" diet that will work for everyone.*
- *Just because food is considered "healthy", does not mean it is "healthy" for you.*
- *Your diet consists of everything you eat, drink, rub on your skin, or inhale.*
- *Our procedures are safe and painless.*

Your success is our #1 priority. Assist us in helping you to attain that success by filling out this questionnaire as completely as possible. This information will be kept ***strictly confidential***.

**Where did you hear about us? (Circle all that apply)**

Newspaper      TV      Yellow Pages      Radio      Referred

**Do you feel that smoking controls or interferes in your life? \_\_\_\_\_**

**Which of these fears do you have of stopping smoking? (Please circle all that apply):**

Weight Gain      Withdrawal      Giving Up Best Friend/Crutch      None

Do other members of your family smoke? \_\_\_\_\_

If yes who? \_\_\_\_\_ Do they live in the same house? \_\_\_\_\_

Do you have a smoking related illness? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

How many cigarettes/cigars/chews, per day do you smoke/chew? \_\_\_\_\_

Number Years Smoking/chewing? \_\_\_\_\_

Circle the strength of your desire to stop smoking, with 10 equaling the strongest.

1 2 3 4 5 6 7 8 9 10

Why do you want to quit smoking/chewing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you want to quit smoking for yourself? \_\_\_ yes \_\_\_ unsure \_\_\_ no

Is there someone you want to quit smoking for? \_\_\_\_\_ If yes  
who? \_\_\_\_\_

Do you believe that smoking is bad for your health? \_\_\_ yes \_\_\_ unsure \_\_\_ no

Besides health reasons, do you have other personal reasons for quitting smoking? \_\_\_ yes  
\_\_\_ unsure \_\_\_ no. What reason? \_\_\_\_\_

Are family and/or friends encouraging you to quit smoking? \_\_\_ yes \_\_\_ unsure \_\_\_ no

Are family and/or friends willing to help you quit smoking? \_\_\_ yes \_\_\_ unsure \_\_\_ no

Are professionals such as doctor, nurse or counselor encouraging you to quit  
smoking? \_\_\_ yes \_\_\_ unsure \_\_\_ no

Are you willing to make some changes in your daily routine? \_\_\_ yes \_\_\_ unsure \_\_\_ no

Are you willing to put up with some uncomfortable moments after you quit? \_\_\_ yes  
\_\_\_ unsure \_\_\_ no

Are you willing to make quitting smoking a top priority in your life for several weeks?  
\_\_\_ yes \_\_\_ unsure \_\_\_ no

What methods have you used to stop smoking before? \_\_\_\_\_

Did you stop? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you spend more than \$100 a month on smoking? (See chart below) \_\_\_ yes \_\_\_ no

Cigarettes Smoked Per Day	Smoking Cost Per					
	Day	Week	Month	Year	5 Years	10 Years
5	\$1.50	\$10.50	\$45.61	\$547	\$2735	\$5470
10	\$3.00	\$21.00	\$91.22	\$1094	\$5470	\$10,940
<b>20</b>	\$6.00	\$42.00	\$182	<b>\$2188</b>	\$10,940	\$21,880
30	\$9.00	\$63.00	\$273	\$3282	\$16,410	\$32,820
40	\$12.00	\$84.00	\$364	\$4376	\$21,880	\$43,760
60	\$18.00	\$126.00	\$547	\$6564	\$32,820	\$65,640

Based on a cost of \$6.00 per pack of cigarettes.

**Please take this page home with you!**

## **Cigarette Facts**

**Tobacco smoke contains over 4,000 different chemicals. At least 50 are known carcinogens (cause cancer in humans) and many are poisonous.**

**Tobacco kills up to half of its regular users.**

**Tobacco caused 100 million deaths in the 20th century.**

**Cigarettes are one of the few products which can be sold legally which can harm and even kill you over time if used as intended.**

**Scientists claim the average smoker will lose 14 years of their life due to smoking.**

**Europe has a slightly larger gap (46% of men smoke, 26% of women smoke), while most other regions have few women smokers. The stats: Africa (29% of men smoke, 4% of women smoke); Southeast Asia (44% of men, 4% of women), Western Pacific (60% of men, 8% of women).**

**Nicotine reaches the brain within 10 seconds after smoke is inhaled. It has been found in every part of the body and in breast milk.**

**Sugar approximates to roughly 20% of a cigarette, and many diabetics are unaware of this secret sugar intake. Also, the effect of burning sugar is unknown.**

**'Lite' cigarettes are produced by infusing tobacco with CO<sub>2</sub> and superheating it until the tobacco 'puffs up' like expanding foam. The expanded tobacco then fills the same paper tube as 'regular' tobacco.**

**Smokers draw on 'lite' and menthol cigarettes harder (on average) than regular cigarettes; causing the same overall levels of tar and nicotine to be consumed.**

**Several active ingredients and special methods of production are involved in making sure the nicotine in a cigarette is many times more potent than that of a tobacco plant.**